

Registered pharmacy inspection report

Pharmacy Name: Lawley Pharmacy, Lawley Medical Centre, Farriers Green, Lawley Bank, TELFORD, Shropshire, TF4 2LL

Pharmacy reference: 1087566

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

This is a busy community pharmacy located inside a medical centre in a residential area of Telford. It dispenses prescriptions, sells a limited range of over-the-counter medicines and provides medicines in multi-compartment compliance aid packs to people living in their own homes and some local care home facilities. The pharmacy provides several other NHS services including Medicines Use Reviews (MURs) and the New Medicine Service. It also offers blood pressure testing, a weight management service and emergency hormonal contraception (EHC). The pharmacy is currently participating in a pilot for an atrial fibrillation service and is able to provide treatment for throat infections via a local patient group directive (PGD).

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The current procedures in the pharmacy are not properly implemented to ensure that risks associated with pharmacy services are adequately identified and managed.
		1.6	Standard not met	Pharmacy records including the responsible pharmacist log and CD registers are incomplete or inaccurate. So they do not always comply with the law and the pharmacy might not be able to clearly demonstrate what has happened in the event of a query.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot always demonstrate that it is storing and managing medicines appropriately and securely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy gets feedback from people using its services and uses this to make improvements. It keeps people's private information safe and explains how it uses and processes personal data. But it does not adequately maintain the records needed by law, so it may not always be able to show what has happened in the event of a query. Pharmacy team members are aware of their roles and understand how to raise concerns to help protect vulnerable people. But they do not always follow written procedures, so they may not always complete tasks effectively or identify risks appropriately.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were spread across several folders with many containing different versions and formats of the same procedure. Some of the procedures were due for review in 2016 and handwritten amendments had been made in a number of places. But it was not clear who had made the amendments and when this had taken place. The incomplete version control created ambiguity as to which procedures were current and whether they reflected current practice. There were also some instances where procedures were not properly followed, so the team may not always work effectively. Professional indemnity insurance covering pharmacy services was provided by the National Pharmacy Association (NPA).

Near miss logs were maintained in both dispensaries and the last entry recorded on each was April 2019 and February 2019. The pharmacist believed that all errors were recorded and that the team were experienced and accurate dispensers. A dispenser also discussed how a near miss record that could be made using the new patient medication record (PMR) system, but there were some team members who were not familiar with this method. Reviews of near misses were completed but a record of this was not seen on the day. The team highlighted that atenolol had been removed from the 'top 50' fast moving area of the main dispensary, in response to previous mistakes, and some shelf edge labels were seen to encourage care with selection. One pharmacist also said that the team received feedback through national incident reporting systems, to enable them to make changes to help prevent errors. The pharmacy kept a basic record of dispensing incidents but did not routinely carry out a root cause analysis for each incident to identify further learning points. So, the team may miss out on some learning opportunities. Additional records were maintained where incidents had led to a complaint.

Pharmacy team members wore uniforms and name badges and through discussion demonstrated an understanding of their roles and responsibilities. A medicine counter assistant (MCA) was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist.

The pharmacy had a complaint procedure and a notice near to the medicine counter stated the way in which concerns could be raised. The pharmacy also participated in a community pharmacy patient questionnaire (CPPQ) and a team member discussed the action that had been taken regarding previous comments on waiting times, including the recent employment of an additional staff member.

The RP notice was displayed at the medicine counter. The RP log was maintained electronically and in the sample portion viewed, several missing entries were identified for dates including 26 June 2019, 29 June 2019, 6 July 2019 and 16 July 2019, so it was not compliant with requirements. Private prescription and emergency supply records were maintained electronically, and a copy of the record was printed and filed for reference. On occasion, the details of the prescriber were recorded inaccurately, which may mean that the team cannot always show what has happened in the event of a query. Specials procurement records provided an audit trail from source to supply. Controlled Drugs (CD) registers kept a running balance and previous destructions of patient returns were signed and witnessed.

The pharmacy had a folder with several data protection and confidentiality procedures, some of which were due for review. An updated folder contained some additional procedures relating to the General Data Protection Regulation (GDPR) and a privacy notice was displayed in the retail area. The team had signed confidentiality agreements and discussed some of the ways in which privacy would be protected. Completed prescriptions were stored out of view and confidential waste was segregated and removed by an external contractor for disposal. Appropriate NHS smartcard use was seen on the day.

The pharmacists had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and some team members had completed some local area training on child exploitation. Other team members had not completed any training but were able to discuss some of the types of concerns that they would be watching for. Concerns were escalated to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the current workload adequately. Team members complete some training to keep their knowledge up to date and they are able to raise concerns and provide feedback within the pharmacy.

Inspector's evidence

On the day of the inspection both regular pharmacists were working. Double pharmacist cover was usually provided between approximately 10am-3pm most weekdays. The remainder of the pharmacy team comprised of four dispensers and a healthcare assistant (HCA) and recently employed apprentice arrived towards the end of the inspection. The workload in the pharmacy was busy, but the team reported that the staffing level was appropriate and confirmed that all dispensing was up to date. Staff hours were planned using rotas and restrictions were placed on leave, to help ensure that appropriate staffing levels were maintained.

Pharmacy team members were observed to work within their competence. An HCA discussed medication sales, including the questions that she would ask to help make sure a sale was appropriate and the management of any concerns, such as frequent requests for medicines which may be susceptible to abuse.

Several team members were enrolled on training courses with the NPA. They were provided with 30 minutes training time each day and said that additional assistance was available if required. For example, if they required the use of pharmacy resources to complete some questions. Training outside of this was usually completed in their own time. Additional online modules were also available through an e-learning system, though these were optional for team members to complete and those on accredited training courses had not completed any recent modules. The pharmacy had recently signed-up to a second e-Learning platform to provide team members with further training options and the pharmacists said that they also provided team members with any necessary updates. And that the team would be provided with training on taking blood pressure readings, in anticipation of an upcoming 'know your numbers' health campaign. Staff development was monitored through annual appraisals with the pharmacists and there were no reported targets for professional services.

An open dialogue was observed amongst the team, a communications book was in use to pass on any important messages, and team members expressed that they were happy to approach the regular pharmacists with any concerns. Some were unsure as to how an anonymous concern could be raised, which may restrict the ability for team members to raise concerns in this manner, if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional and clean environment suitable for the provision of healthcare. It has a consultation room to enable members of the public to access an area for private and confidential discussions.

Inspector's evidence

The pharmacy had relocated to a different side of the medical centre approximately three years ago. Both the exterior and interior fittings had been completed to a high standard and looked professional. The exterior of the premises was maintained by the GP surgery, but the regular pharmacists were responsible for arranging any interior maintenance repairs, and pharmacy team members completed daily housekeeping tasks. There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines.

The retail area was appropriately maintained and had several chairs available for use by people less able to stand. It stocked a range of suitable goods for sale and pharmacy medicines were restricted from self-selection. A compact consultation room to enable private discussions was situated off the retail area. The sign promoting the consultation room was partially occluded by retail displays.

The pharmacy had two dispensaries. The ground floor dispensary was used to dispense walk-in prescriptions and regular repeat medicines. It had an adequate amount of space for dispensing, with different areas of the main work bench being used to separate dispensing and checking activities. A sink was also available for the preparation of medicines and was equipped with appropriate hand sanitiser. There was a good use of shelving for medicines storage, but the prescription retrieval area was limited for space, and some bags containing completed prescription were being stored on the floor, which could increase the risk that medicines could fall and become mixed up. This could also cause a trip hazard for staff. The first-floor dispensary was used for the assembly of compliance aid packs and general storage. There was an adequate amount of storage and work bench space. A small lift was used to transport stock items between the dispensaries. The pharmacy shared WC and tearoom facilities with the GP surgery.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are accessible to people with different needs. It generally supplies medicines safely. But it does not always identify people on high-risk medicines or provide patient leaflets to those in receipt of compliance aid packs, which means people might not have access to all the information they need to take their medicines properly. The pharmacy gets its medicines from reputable sources. But it cannot always demonstrate that it stores and manages medicines appropriately.

Inspector's evidence

Both main entrances were step-free and were fitted with automatic doors to assist with wheelchair access. The pharmacy could make additional adjustments to aid those with disabilities including the use of large print labels to assist people with visual impairment. It also had a hearing loop. The pharmacy opening hours were listed at the entrance and there was a limited amount of advertisement of pharmacy services. Additional health promotion literature was displayed, including on a healthy living display opposite the consultation room. And people who required other services were suitably signposted.

Prescriptions were separated using baskets which prevented medicines being mixed up. A colour coded system was used to prioritise the workload. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail. Prescriptions for refrigerated medicines and CDs were assembled at the time of delivery or collection. The pharmacy did not always highlight prescriptions for high-risk medicines, so people may not always receive the information they need to take their medicines properly. The team had some understanding of the risks of the use of valproate-based medicines in people who may become pregnant. But access to up to date safety literature was not available on the day. The inspector advised on how this could be obtained.

The pharmacy delivered medicines to people who were housebound. Deliveries were managed using an online platform and phone application. The relevant details were input to the computer and the driver obtained signatures to confirm delivery. The phone used was password protected and secured out of hours. Failed deliveries were returned to the pharmacy and a calling card was left.

The pharmacy provided medicines to four local care home facilities. Staff at each facility ordered medicines directly with the GP surgery. Pharmacy team members checked returned prescriptions to make sure that all compliance aid medicines were correct. Care home staff identified any other discrepancies and highlighted these to the pharmacy for follow-up. Patient leaflets were said to be provided with each supply made and each care facility also had a master folder of leaflets, which was updated at three monthly intervals. Compliance aid packs for community-based patients were assembled all in one week. A dispenser ordered medicines for compliance aid packs and patients informed the team of any additional bulk items which were required. The pharmacy kept a basic record of any changes to medicines using the PMR system. Completed compliance aid packs were labelled with patient details. Descriptions were not routinely recorded, so people may not always be able to identify individual medicines. The team reported that patient leaflets were provided, but none were present in

the packs which were checked at random on the day.

One of the pharmacists discussed some of the other services provided by the pharmacy, including an atrial fibrillation (AF) pilot which was ongoing in the area. Both pharmacists had attended two training events for the service. The inclusion criteria for the service was discussed and the pharmacist explained the steps that would be taken if a referral was required.

Stock medicines were generally organised. The team discussed date checking processes, but records of checks were sometimes incomplete and could not be located for the ground floor dispensary. Examples were seen where short-dated medicines had been highlighted and no expired medicines were identified from random checks. Expired and returned medicines were placed in medicines waste bins. The pharmacy had medicines waste containers for expired and returned medicines. Patient returned, and expired CDs were kept segregated from stock and the pharmacy had access to CD denaturing kits. But there was some evidence that the pharmacy did not always manage obsolete medicines effectively or make enough checks of high-risk medicines.

Alerts for the recall of faulty medicines and medical devices were received via email. A copy of previously actioned alerts was maintained. The pharmacy was not currently compliant with requirements as part of the European Falsified Medicines Directive (FMD). They had registered with SecurMed, but the necessary hardware was not yet installed. The pharmacist estimated that this would be done within the next two months and stated that SOPs also required updating.

The pharmacy refrigerators had maximum and minimum thermometers. They were both within the recommended temperature on the day, but there were multiple gaps in the temperature records. So, the pharmacy may not always be able to show that medicines are being stored appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment to deliver its services and its equipment is suitably maintained.

Inspector's evidence

The pharmacy team had access to paper-based reference materials and internet access supported additional research. The equipment held on the day was appropriately maintained. Glass measures were either crown-stamped or ISO approved, and separate measures were clearly marked for use with CDs. Counting triangles were clean and one was reserved for use with cytotoxic medicines.

Electrical equipment was in good working order. The screens in the pharmacy were all positioned out of view and computer systems were password protected. Cordless phones were available to enable conversations to take place in private, if required.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.